

# Tobacco



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## Reducing Tobacco Use Among Teenagers Through a Comprehensive Tobacco Control Program

### Public Health Problem

In 2001, 39% of high school students in Minnesota used tobacco, which was higher than the national average of 35% for this age group. Of the 1,245,492 young people aged 17 or younger in Minnesota, more than 97,000 will die prematurely of a tobacco-related disease if current tobacco-use patterns persist.

### Evidence That Prevention Works

Aggressive and comprehensive tobacco control programs in California, Florida, Massachusetts, Oregon, and Minnesota have produced substantial declines in cigarette use. Minnesota's multicomponent, statewide program has been in effect since 2000. In just 2 years, teen tobacco use in Minnesota has decreased by 11%.

### Program Example

With resources from Minnesota's settlement with the tobacco industry, the Minnesota Department of Health (MDH) designed and manages the Minnesota Youth Tobacco Prevention Initiative. The goal of the Initiative is to reduce youth tobacco use by 30% by 2005. The Initiative is a comprehensive effort that includes competitive grant programs supporting (1) community-based grants to 31 local groups and 31 population-at-risk (PaR) groups; (2) statewide initiatives and development grants specifically designed to meet the technical assistance needs of community-based grantees in the areas of evaluation, communication, media advocacy, youth development, legal resources, school-based prevention, secondhand smoke policy development, and partnership development; and (3) a marketing campaign/youth advocacy organization (Target Market) designed to counter tobacco industry marketing efforts through public information and education. All recipients of community-based grants are provided strategic planning and general technical assistance through regional MDH grant managers. PaR grantees receive additional, specialized support through a statewide technical assistance grant designed to meet the strategic needs of PaRs. The Initiative aims to reach all youth aged 12–17 years, with an emphasis on those in middle school (aged 12–14 years).

### Implications

When tobacco control programs are sustained over time, reductions in tobacco use occur. Reaching the 2005 goal will ultimately prevent 1,700 premature deaths and save \$480 million in health care costs every year in Minnesota. This program demonstrates the importance of implementing strategies that have been successful in other states and sharing best practices across states to ensure reductions in tobacco use among youth.

### Contact Information

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# Nebraska



## Implementing a Comprehensive Tobacco Control Program to Reduce Tobacco Use

### Public Health Problem

In 1999, cigarette smoking was responsible for an estimated 2,400 deaths in Nebraska, and tobacco-related health care expenditures cost the state an estimated \$419 million annually. Projections based on current data are that about 45,000 Nebraskan youth will become smokers and die prematurely as adults because of a smoking-related illness.

### Evidence That Prevention Works

Aggressive and comprehensive tobacco control programs in California, Florida, Massachusetts, and Oregon have produced substantial declines in cigarette use. In California, home to one of the longest-running tobacco control programs, rates of lung and bronchial cancer have declined 14%.

### Program Example

The Tobacco-Free Nebraska program is a multifaceted, comprehensive tobacco control program that incorporates community-based initiatives that involve a wide range of strategies (such as compliance checks with retailers and restaurants related to sales to minors and smoke-free environments) and target a variety of audiences, from at-risk high school youth to policy makers to racial and ethnic minorities. The program also supports state initiatives, including a media campaign and toll-free quit line, which are targeted to youth and adults. Nebraska's program also increases local tobacco control capacity by training people to develop and implement tobacco control strategies and to monitor and evaluate how successful these efforts are. Ongoing tobacco-use surveys are used to track patterns and changes in tobacco use in the state. In addition, an independent firm conducts ongoing evaluation of the program. Another program effort is the Teen Tobacco Education and Prevention Project, which provides high school students with the opportunity to compete for \$100,000 grants to design and create antitobacco messages and campaigns for their peers.

### Implications

When tobacco control programs are sustained over time, reductions in tobacco use occur. By implementing strategies that have been successful and following nationally recognized standards, Nebraska is poised for success in reducing tobacco use. This program demonstrates the importance of a comprehensive program to ensure reductions in tobacco use.



## **Reaching Target Groups With High Rates of Tobacco Use Through Comprehensive Tobacco Control: A Policy-Based Approach**

### **Public Health Problem**

In 2000, almost 21% of adults in Oregon were reported to smoke. Tobacco contributes to approximately 6,500 deaths in Oregon annually. If current tobacco-use patterns persist, approximately 73,000 young people in Oregon aged 17 years or younger will die prematurely of a tobacco-related disease.

### **Evidence That Prevention Works**

Aggressive and comprehensive tobacco control programs in California, Florida, Massachusetts, and Oregon have produced substantial declines in cigarette use. In California, home to one of the longest-running tobacco control programs, rates of lung and bronchial cancer have declined 14%.

### **Program Example**

Sponsored by CDC, Oregon's comprehensive tobacco control program includes media spots, innovative programs such as the Oregon Quit Line to help people quit smoking, a multifaceted school program, and the promotion of smoke-free workplaces and school environments. In addition, the state health department dedicated funding to target groups with high rates of tobacco use, such as gay men and African Americans. From 1996, when Oregon's comprehensive program was established, to 2001, cigarette consumption has decreased 30% (or 1.5 billion cigarettes per year), the proportion of Oregon students who smoke fell from 22% to 12% among 8<sup>th</sup> graders and from 28% to 20% among 11<sup>th</sup> graders, and the proportion of Oregon adults who smoke decreased from 23% to 21%. In addition a state law went into effect (as of January 1, 2002) that prohibits smoking in enclosed workplaces, with exemptions for bars and some other venues.

### **Implications**

Because almost all smokers begin smoking during their teenage years, preventing tobacco use among young people is critical to the overall goal of reducing the prevalence of smoking. In addition, policies that make enclosed workplaces smoke free protect workers and patrons from the health problems associated with secondhand smoke, promote cessation, and establish healthy social norms. Programs like Oregon's comprehensive tobacco control program play pivotal roles in reducing and eliminating tobacco use and demonstrate the importance of a policy-based approach.

#### **Contact Information**

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## Identifying and Eliminating Disparities in Tobacco Use Through a Cross-Cultural Workshop

### Public Health Problem

In 2000, an estimated 21% of adults in Washington were reported to smoke cigarettes, but among some subpopulations the prevalence was much higher: for example, 37% among American Indians/Alaska Natives. In large part, this disparity may be attributed to limited access to tobacco prevention and control resources.

### Evidence That Prevention Works

In Washington, state-funded county-based programs have shown measurable progress in meeting statewide tobacco control objectives, including large declines in per capita cigarette consumption. Future efforts directed at identifying and eliminating disparities in smoking rates will build on this infrastructure and establish new capacity within underserved communities, where populations are often heavily targeted by tobacco industry marketing. The state has learned that community-based nongovernmental community organizations are generally more effective at reaching local populations than are state or local governments.

### Program Example

The Washington Department of Health convened a Cross-Cultural Workgroup on Tobacco to identify populations disparately affected by tobacco use. The membership includes representatives from organizations working with African American, American Indian, Asian American/Pacific Islander, Hispanic/Latino, gay-lesbian-bisexual-transgender, pregnant, low-income, and faith-based populations. Using CDC and state funds, Washington is developing a strategic plan to identify and reduce tobacco-related disparities and a marketing plan to educate community leaders of diverse populations about the strategic plan and to engage them in its implementation. During the strategic planning process, the state program funded six populations to assess their capacity and readiness to implement tobacco prevention and control activities and evaluated the strategic planning process.

### Implications

Securing meaningful participation in the strategic planning process from a broad range of population groups will enable Washington's Department of Health to identify the groups experiencing the most pronounced tobacco-related disparities. This program demonstrates the importance of developing culturally and contextually appropriate interventions to reduce health disparities.